

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	6/13
O.I.P.E. CLASSIFIER		49	6/13/12
FORMALITY REVIEW		65372	8-16-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 o \_\_\_\_\_ Allowed  
 (Through normal) \_\_\_\_\_ Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Claim	Date	Claim	Date	Claim	Date
1		61		121	
2		62		122	
3		63		123	
4		64		124	
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99		159		219	
100		160		220	

If more than 150 claims or 10 actions  
staple additional sheet here

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